

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
							* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1							51				
2							52				
3							53				
4							54				
5							55				
6							56				
7							57				
8							58				
9							59				
10							60				
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12							62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
20							70				
21	/						71				
22		/					72				
23		/					73				
24		/					74				
25	/						75				
26		/					76				
27		/					77				
28		/					78				
29		/					79				
30		/					80				
31							81				
32							82				
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39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				